



EMPLOYMENT HISTORY HEARING LOSS (CONTINUATION)

If additional sheets needed, copy this page before completing
BEGIN WITH YOUR CURRENT JOB AND LIST ALL PRIOR EMPLOYERS.
INCLUDE MILITARY SERVICE.

Claim Number

Name	Start date of first employment		
Employer's Business Name	From (Month/Year)	To (Month/Year)	
Employer's Address	City	State	ZIP + 4
Job Title	Employer's Phone No.	Indicate time exposed to noise in hours per week	

Describe job duties, type of machinery, tools, material, equipment used, and percentage of time at duties:

Were you exposed to loud noise on this job? If yes, please describe the noise source:

☐ Yes ☐ No

Would you describe the noise as continuous? ☐ Yes ☐ No ☐ Or intermittent? ☐ Yes ☐ No

How many hours a day were you exposed to this job noise? _____ hours

☐ What kind of ear protection did you use? ☐ None ☐ ear muffs ☐ plastic ear plugs ☐ foam ear plugs

☐ Other – please specify

☐ Did you have an audiogram while employed by this employer? ☐ Yes ☐ No

Date(s) of audiogram(s)

Employer's Business Name	From (Month/Year)	To (Month/Year)	
Employer's Address	City	State	ZIP + 4
Job Title	Employer's Phone No.	Indicate time exposed to noise in hours per week	

Describe job duties, type of machinery, tools, material, equipment used, and percentage of time at duties:

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How many hours a day were you exposed to this job noise? _____ hours

☐ What kind of ear protection did you use? ☐ None ☐ ear muffs ☐ plastic ear plugs ☐ foam ear plugs

☐ Other – please specify

☐ Did you have an audiogram while employed by this employer? ☐ Yes ☐ No

Date(s) of audiogram(s)

I certify that the information is true and correct to the best of my knowledge.

Date

Signature